

# Preadmission Screening and Resident Review (PASRR)



Washington State Department of Social and Health  
Services

2014

# Introduction



# What is PASRR?



- A screening required for **EVERY PERSON before** admission to a Medicaid-licensed nursing facility (NF).
- A tool used to identify individuals who have serious mental illness (SMI) or an intellectual disability or related condition (ID/RC).
- An assessment of the support needs of the person with SMI or ID/RC to determine the best placement and service options.

[Code of Federal Regulation \(CFR\) for PASRR: 42 CFR 483](#)

# How Did PASRR Originate?

- PASRR was created as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987, the most comprehensive set of federal reforms addressing nursing facilities since the advent of Medicaid and Medicare in 1965.
- PASRR was designed to ensure that individuals with SMI or ID/RC could live in the most appropriate setting and get any additional services that might be needed because of their SMI or ID/RC.



# Background

- Past: The institutional care model was considered the best way to care for people with SMI or ID/RC.
  - Institutions were overcrowded and residents received substandard care.



- Mid-20<sup>th</sup> Century:
  - Widespread deinstitutionalization began as part of a bigger disability rights movement;
  - 1963 – Community Mental Health Centers Act provided additional funding for community mental health services.

# Background - continued



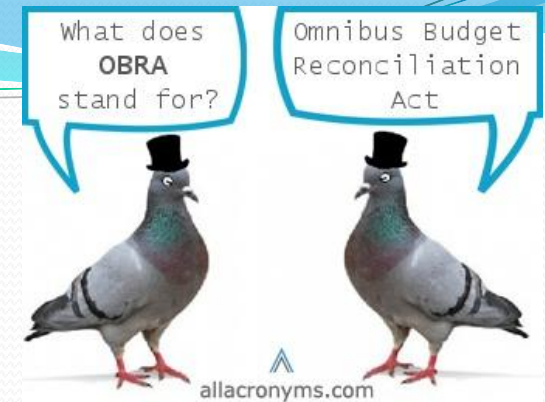
- Late 20<sup>th</sup> Century:
  - 1975 – Education for All Handicapped Children Act;
  - Social Security created more community alternatives to institutional services;
  - Americans with Disabilities Act prohibited discrimination based on disability;
  - Olmstead Decision required states to eliminate unnecessary segregation of people with disabilities.

-and-



# OBRA 1987

## A New Way of Thinking about NF Care



- NF responsible to treat the whole person, not just medical or functional needs;
- Emphasis on individual's quality of life;
- Increased responsibility for NFs to meet psychological needs of residents;
- Prohibited inappropriate use of medication restraints and antipsychotics;
- Shared responsibility between State and NF for service provision.

# OBRA '87 Creates PASRR

PASRR Has Three Goals:



- To identify people with ID/RC and/or SMI who are being considered for NF placement;
- To ensure they are placed appropriately;
- To ensure they receive the services they need for their ID/MI.



# Why is This Important?

PASRR is more than a law, a process, or an evaluation...



PASRR is a  
**human rights** issue.



# NF Residents' Bill of Rights

The Nursing Home Reform Act established the following rights for nursing home residents:

- The right to freedom from abuse, mistreatment, and neglect;
- The right to freedom from physical restraints;
- The right to privacy;
- The right to accommodation of medical, physical, psychological, and social needs;
- The right to participate in resident and family groups;
- The right to be treated with dignity;
- The right to exercise self-determination;
- The right to communicate freely;
- The right to participate in the review of one's care plan, and to be fully informed in advance about any changes in care, treatment, or change of status in the facility; and
- The right to voice grievances without discrimination or reprisal.

# Two Steps: PASRR Level I and PASRR Level II



- **Everyone** is required to have a PASRR Level I screening **prior** to NF admission.
- **People who are identified by a Level I screen** as possibly having SMI or ID/RC are required to have a PASRR Level II assessment **prior** to NF admission.\*

\*In certain limited circumstances, such as when an individual's stay at a NF is intended to be quite short, an individual may be admitted to a NF without first having a PASRR Level II assessment

# Components of PASRR Level I

- ✓ Identifies people who are believed to have ID/SMI;
- ✓ Required prior to every NF admission;
- ✓ Performed by referring party.

# Components of PASRR Level I

- ✓ Makes placement and treatment recommendations;
- ✓ Required for everyone identified as likely to have ID/SMI by the Level I;
- ✓ Requires a person-centered approach.

# Preadmission Screening and Resident Review (PASRR)

## For Potential Nursing Facility Residents And Their Families

You or someone you know has been referred for nursing  
facility (NF) care – what to expect

Washington State Department of Social and Health Services

2014

# The PASRR Level I Screening

- PASRR is a process required by the federal government for every person being referred for NF care.
- The PASRR Level I screen will be performed by the professional who has referred you.
- Its purpose is to look for indicators that you might have a serious mental illness (SMI) or an intellectual disability or related condition (ID/RC).
- If indicators exist, or the screener isn't sure, they will refer you to a credentialed professional, who will conduct the PASRR Level II assessment.





# PASRR Level II



- The Level II assessment has three functions:
  - To determine whether you have SMI or ID/RC;
  - To help determine the best setting to meet your needs;
  - If you do require NF care, the Level II may make recommendations about specialized services you need because of your SMI or ID/RC.

# Care Settings

- The PASRR Level II assessor will work with you to determine the best setting to meet your needs.

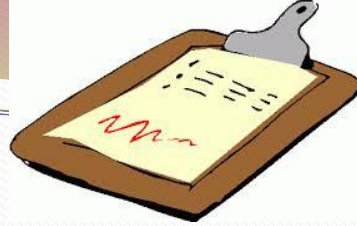


- Possible settings could include NF, other specialized institutional facilities or a community setting with appropriate supports.
- For individuals with ID/RC, you may be offered choices to receive care in either a NF or a variety of community settings.

# Individualized Service Recommendations

- Your PASRR Level II assessor may recommend services to meet your individual needs while in NF care.
- The PASRR Level II evaluation will be shared with you, your guardian (if you have one), and the NF staff.
- These recommendations will be incorporated into your care plan.





# Significant Change of Condition

- While you are receiving NF care, your condition may change.
- If your condition significantly improves or declines, NF staff will refer you to the appropriate agency for a new PASRR Level II.
- The Level II evaluator will determine if your current care setting and services are meeting your changing needs.
- Your Level II evaluator will discuss your options with you.

# Your Rights Related to PASRR

- You have the right to challenge PASRR determinations including:
  - Whether a NF level of services is needed;
  - Whether specialized services are needed;
  - The placement options that are available to you consistent with these determinations.
- You can appeal any of these determinations.

A logo consisting of a black square with the words "KNOW YOUR RIGHTS" in white, bold, sans-serif capital letters. The square is set against a light blue background that has a speech bubble-like shape at the bottom right corner.

KNOW  
YOUR  
RIGHTS

# What this means:



- DSHS will send you and your legal representative (if applicable) written notice of all PASRR determinations.
- The written PASRR report will include instructions on how to appeal PASRR determinations.

# Helpful Information

- [Washington State Long-Term Care Ombuds Program website](#)
- [DBHR PASRR website](#)
- [DDA PASRR Website](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [Arc of Washington](#)
- [Disability Rights Washington](#)



# Preadmission Screening and Resident Review (PASRR)

Nursing Facility (NF) Referral Process  
What You Need to Know

Department of Social and Health Services

2014

# Completing Level I

- The PASRR Level I screen is required for every person referred to a Medicaid certified nursing facility (NF).
- It is not required for admission to a hospice care center, residential habilitation center (RHC) or intermediate care facility for individuals with intellectual disabilities (ICF/IID).
- The Level I is to be completed\* by the professional making the referral (physician, ARNP, SW, AAA/HCS/DDA case manager, hospital discharge planner, PAC, RN etc.) as soon as referral for NF services is considered.
- The PASRR Level II assessment must also be completed before hospital discharge except in cases of exempted hospital discharge.

\*Only a physician, certified physician's assistant or ARNP can sign Section III (categorical determination) when applicable.

## PASRR Begins **Before** NF Admission

- NFs are not to admit patients for whom the PASRR process has not been completed.
- NFs may be cited and may not receive federal financial participation (FFP or federal match) if they admit someone without the PASRR process having been completed.
- The referring party must arrange with the mental health (MH) PASRR contractor or the ID/RC PASRR Coordinator to have the Level II completed before NF admission.

*COMPLETE LEVEL I AS SOON AS NF REFERRAL IS CONSIDERED.*

*CONTACT LEVEL II EVALUATOR AS SOON AS SMI OR ID/RC IS SUSPECTED.*

# Revisions to Form

- The Level I form (Form No. 14-300) is available at the [DSHS Forms Site](#).
- Clients who admitted using the previous form do not have to have a new Level I performed using the revised form, unless there has been a significant change in condition (improving or declining) or if the NF believes the form was not completed accurately. There is no need to re-evaluate every resident based on the new form.

# Form Instructions

There are detailed instruction on the last page of the form.

## Level 1 Pre-Admission Screening and Resident Review (PASRR) Instructions

### What is the purpose of this form?

Federal regulations (42 CFR §483.100 – 138) require that all individuals applying for or residing in a Medicaid-certified nursing facility be screened to determine whether they:

1. Have serious mental illness or an intellectual disability or related condition; and if so,
2. Require the level of services provided by a nursing facility; and if so
3. Require specialized services beyond what the nursing facility may provide.

This form documents the first level of screening. If serious mental illness or intellectual disability or a related condition is identified or credibly suspected, a Level II evaluation is required to confirm that identification, determine whether the individual requires nursing facility level of care, and determine whether specialized services are required.

### Who may complete this form?

Any professional who is referring an individual for admission to a nursing facility may complete this form. The form may also be completed by designated HCS or DDA staff who are facilitating the referral. If a categorical determination is made under Section II, a physician or ARNP must complete and sign Section III.

The nursing facility is responsible for ensuring that the form is complete and accurate before admission. After admission, the NF must retain the Level I form as part of the resident record. In the event the resident experiences a significant change in condition, or if an inaccuracy in the current Level I is discovered, the NF must complete a new PASRR Level I and make referrals to the appropriate entities if a serious mental illness and/or intellectual disability or related condition is identified or suspected.

### Section I. Serious Mental Illness / Intellectual Disability or Related Condition (RC) Determination

**Credible suspicion of SMI:** The person exhibits one or more of the functional limitations described in A2 of Section I and, although none of the diagnoses in A1 can be confirmed, there is some evidence that a serious mental illness may exist. Explain the factors that led you to the conclusion the person may have a SMI in the Additional Comments box in Section IV.

**Credible suspicion of ID / RC:** Although a diagnosis of intellectual disability or related condition cannot be confirmed, the person exhibits significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior (everyday social and practical skills). Records or verbal accounts indicate that these limitations began before age 18 (for ID) or 22 (for related condition) and are expected to be life-long.

### Sections II and III. Categorical Determination of Need for NF Services for Individual with SMI or ID / RC and Documentation of Categorical Determination

Per 42 C.F.R. §483.130, certain categories of individuals may be admitted to a NF without a prior Level II evaluation, even though they have a serious mental illness or an intellectual disability or related condition. For a respite admission, the Regional Authority or designee must complete and sign Section III. The individual's attending physician or ARNP must determine whether the individual fits one of the categories, and must complete and sign Section III. If the NF becomes aware that the stay may last beyond the associated time limit, the NF must contact the SMI PASRR contractor and/or the DDA regional coordinator as soon as the NF becomes aware of the possibility.

To get more Level I Pre-Admission Screening and Resident Review (PASRR) forms, visit the Forms and Records Management website at <http://www.dshs.wa.gov/forms/eforms.shtml>.

## Level 1 Pre-Admission Screening and Resident Review (PASRR)

The identification screen applies to all persons being considered for admission to or residing in Medicaid Certified Nursing facilities.

Nursing facility admission pending  
 Current nursing facility resident

Date of admission (if current resident): \_\_\_\_\_

For a significant change, indicate the date of the significant change: \_\_\_\_\_

NAME _____	
ADDRESS LINE 1 <b>Mailing address</b>	
ADDRESS LINE 2 <b>Mailing address line 2 (if needed)</b>	
ADSA ID (IF APPLICABLE) <b>If known</b>	DATE OF BIRTH (MM/DD/YYYY) _____
LEGAL REPRESENTATIVE OR NSA <b>Legal Rep = Guardian NSA = Necessary Supplemental Accommodation</b>	
RELATIONSHIP _____	PHONE (WITH AREA CODE) _____
ADDRESS _____	CITY _____
STATE _____	ZIP CODE _____

- Check the “**Nursing facility admission pending box**” for individuals admitting from the hospital or community.
- The “**Current nursing facility resident**” box is used to trigger a Level II evaluation for current residents who experience a significant change in condition or if the NF determines a previous Level I was not accurate at admit .
- **ADSA ID** is used solely for clients of the Developmental Disabilities Administration (DDA) or Home and Community Services (HCS), if ADSA ID is known.
- **NSA** (if known) is for individuals with ID/RC only and refers to an individual’s necessary supplemental accommodation (NSA) representative. An NSA representative is someone who assists clients of the Developmental Disabilities Administration (DDA) to understand and respond to DDA actions.



*The Diagnostic and Statistical Manual of Mental Disorders (DSM) codes that were included on the previous form have been removed. Use current DSM codes, when known.*

Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination					
<b>A. Serious Mental Illness Indicators</b>					
1. Has the individual shown indicators within the last two years of having any of the following mental disorders? If known, include the appropriate code using the most current version of the Diagnostic and Statistical Manual (DSM).					
<u>Schizophrenic Disorders</u> DSM Code, if known: <input type="text"/>	Yes	No	<u>Psychotic Disorder NOS</u> DSM Code, if known: <b>298.9</b>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Mood Disorders – Depressive or Bipolar</u> DSM Code, if known: <input type="text"/>	Yes	No	<u>Anxiety Disorders</u> DSM Code, if known: <input type="text"/>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<u>Delusional Disorder</u> DSM Code, if known: <input type="text"/>	Yes	No	<u>Personality Disorders</u> DSM Code, if known: <input type="text"/>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

*If an SMI is suspected that does not fit into these categories, write it in Section I A.1. For conditions such as traumatic brain injury (SMI) that you are not sure about, refer.*



2. Does the person have serious functional limitations (described below) related to a serious mental illness within the past six (6) months?  Yes  No

(Serious functional limitations may be demonstrated by: substantial difficulty interacting appropriately and communicating effectively with other persons, evidenced by, for example, a history of altercations, evictions, or firings, a fear of strangers, or avoidance of interpersonal relationships and social isolation; serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings; serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, demonstrated by agitation, exacerbation of symptoms associated with the illness, withdrawal from the situation; or a need for intervention by the mental health or judicial system.)

- If the person has SMI indicators in A1 and A2, a **referral for a PASRR Level II for SMI is required.**
- If sufficient evidence of SMI isn't available, but there is a credible suspicion that a SMI may exist (see instructions), a **referral for a PASRR Level II for SMI is required.**
- If there are no SMI indicators noted (no "Yes" boxes are checked in A1 or the "No" box is checked in A2), a **referral for a PASRR Level II for SMI is not required.**

**Continue to Section 1.B.**

Q: In Section I, should it be “and” or “or” for diagnosis (A1) and functional limitations (A2)?

A: Both must be checked, or there must be a credible suspicion of a diagnosis with serious functional limitations marked ‘Yes’. But if in doubt: refer. *It is better to err on the side of caution and let the trained PASRR MH evaluator make the determination if you are unsure.*

## B. Intellectual Disability / Related Condition Indicators

Yes No

1. Does the individual have documented evidence of an intellectual disability?  
(An intellectual disability is evidenced by an IQ of less than 70 based on standardized, reliable tests; onset before age 18; duration likely to last lifelong and concurrent impairments in adaptive functioning.)  
**OR**

Yes No

2. Does the person have documented evidence of a related condition?  
If so, list condition(s):   
("Related condition" refers to a severe, chronic disability that is attributable to cerebral palsy, epilepsy, or other condition related closely to intellectual disability, resulting in impairment of general intellectual functioning or adaptive behavior similar to intellectual disability and requiring similar treatment or services; onset before age 22; duration likely to last lifelong and concurrent impairments in adaptive functioning.)  
**OR**

Yes No

3. Did an agency or facility that serves individuals with intellectual disabilities refer the individual?

- If the person has ID/RC indicators in B.1, 2, or 3, **a referral for a PASRR Level II for ID/RC is required.**
- If sufficient evidence of ID/RC isn't available, but there is a credible suspicion (see instructions) that ID/RC may exist, **a referral for a PASRR Level II for ID/RC is required.**
- If there are no ID/RC indicators noted, referral for a **PASRR Level II for ID/RC is not required.**

**Continue to Section II.**

*If in doubt, refer.*

*Even if the person has SMI indicators, you must still address the potential for ID/RC.*

*If both SMI and ID/RC are known or suspected, two referrals must be made, one to the MH contractor, and one to the DDA PASRR Coordinator.*

# Exempted Hospital Discharge

- An **exempted hospital discharge** occurs when an individual is admitting to the NF from a hospital after receiving acute medical care. The NF admission is to treat the same medical condition treated at the hospital. The attending physician (or PAC, ARNP) certifies in Section III of the Level I form that the stay is unlikely to exceed 30 calendar days, but the individual medically needs NF services.
- *This is the only situation that exempts a person with SMI, ID or RC from having a Level II before NF admission.*
- Contact the PASRR assessor as soon as the need for NF services is considered, *prior to NF admission, for resident notification purposes.*

# Categorical Determination

- Federal rules allow states to decide, by virtue of a person fitting into a category, that:
  - The person needs NF services, or
  - Specialized services are not necessary.
- In Washington, these categories are as follows:
  - Protective (emergency) services (authorized by APS);
  - Respite;
  - Severe physical illness; and
  - Delirium.
- If the referring party identifies a categorical determination in Section II, contact the PASRR evaluator for SMI and/or the PASRR coordinator for ID/RC *prior to NF admission*.



**Section II. Categorical Determination of Need for NF Services for Individuals with SMI or ID/RC  
(Level II required within timelines for each category)**

CHECK THE APPROPRIATE BOX BELOW

- Referral to NF for protective services (Level II must be completed by Day 8 if stay unexpectedly exceeds seven (7) days)
- Referral to NF for respite of 30 days or less (Level II required by Day 31 if stay unexpectedly exceeds 30 days)
- Referral to NF for convalescent care of 30 days or less (Level II must be completed by Day 31 if stay unexpectedly exceeds 30 days)
- Referral to NF with severe physical illness when level of impairment is so severe the individual is determined to need NF services (Level II must be completed within 30 days of admission)
- Referral to NF with delirium (Level II must be completed when delirium clears, within 30 days of admission)

**All other referrals, including those for terminal illness or dementia, require Level II before admission to NF.**

*This section is used for exempted hospital discharge or categorical determination. It is only completed if it applies to the individual's admission.*

- A **convalescent care** admission occurs when an individual is being admitted from a hospital to receive convalescent care of 30 days or less to treat the same medical condition treated at the hospital. Check this box for an ***exempted hospital discharge***.
- A **protective services** admission occurs when a person is admitted to a NF due to an emergency situation requiring protective services. It may not exceed 7 days. This is used by Adult Protective Services (APS).
- A **respite** admission is one in which the person enters the NF for 30 days or less to provide respite to in-home caregivers.

**Section II. Categorical Determination of Need for NF Services for Individuals with SMI or ID/RC  
(Level II required within timelines for each category)**

CHECK THE APPROPRIATE BOX BELOW

- Referral to NF for protective services (Level II must be completed by Day 8 if stay unexpectedly exceeds seven (7) days)
- Referral to NF for respite of 30 days or less (Level II required by Day 31 if stay unexpectedly exceeds 30 days)
- Referral to NF for convalescent care of 30 days or less (Level II must be completed by Day 31 if stay unexpectedly exceeds 30 days)
- Referral to NF with severe physical illness when level of impairment is so severe the individual is determined to need NF services (Level II must be completed within 30 days of admission)
- Referral to NF with delirium (Level II must be completed when delirium clears, within 30 days of admission)

**All other referrals, including those for terminal illness or dementia, require Level II before admission to NF.**

- Referral for **severe physical illness** occurs when the person's level of impairment is so severe that the individual is determined to need NF services and the admission is expected to last 30 days or less. Severe physical illnesses include coma, ventilator dependency, ALS, functioning at a brain stem level, etc. Individualized evaluation for specialized services is still required.
- Referral to the NF with **delirium** applies only to those whose primary diagnosis is delirium, as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM), where an accurate evaluation can't be made until the delirium clears. A full Level II is required within 30 days of admission, or when the delirium clears, whichever comes first.

### Section III. Documentation of Categorical Determination

NAME OF PERSON COMPLETING DETERMINATION

█

TITLE

█

DATA USED FOR DETERMINATION

█

How did you conclude the individual fits a category in Section II of this form?

█

SIGNATURE (PHYSICIAN, ARNP, OR REGIONAL AUTHORITY /DESIGNEE)

DATE

█

*In the case of an exempted hospital discharge or categorical determination as documented in Section II, this section is completed by:*

- The DDA regional authority or designee for respite stays;*
- The treating Physician , Certified Physician's Assistant or ARNP for all others.*
- Section III is only necessary if Section II is applicable.*



#### Section IV. Service Needs and Assessor Data

- No Level II evaluation indicated:** Person does not show indicators of SMI or ID/RC.
- Level II evaluation referral required for SMI:** Person shows indicators of SMI per Section 1.A.
- Level II evaluation referral required for ID/RC:** Person shows indicators of ID or RC per Section 1.B.
- Level II evaluation referrals required for SMI and ID/RC:** Person shows indicators of both MI and ID/RC per Sections 1. A and B.
- Level II evaluation referral required for significant change.**
- No Level II evaluation indicated at this time due to categorical determination: Level II must be completed if scheduled discharge does not occur.**

**NOTE:** If Level II evaluation is required, forward this document to the DDA PASRR Coordinator and/or the BHSIA PASRR contractor immediately. See link below.

*Check the box that applies.*

#### *NOTE:*

- *If a Level II evaluation is required, whomever completed the Level I form should make the referral for the Level II.*
- *For Categorical Determinations, the NF should notify the PASRR evaluator if it appears the individual may unexpectedly stay beyond 7- or 30-day the timeframe.*

<a href="#">PASRR Evaluators List</a>			
NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT) [REDACTED]		NAME OF AGENCY [REDACTED]	
TITLE [REDACTED]		TELEPHONE NUMBER (INCLUDE AREA CODE) [REDACTED]	
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
SIGNATURE OF PERSON COMPLETING THIS FORM [REDACTED]		DATE [REDACTED]	
ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC) [REDACTED]			

*The [PASRR Evaluators List link](#) takes you to an internet page where referral information for both SMI and ID/RC is located.*

*Use the “Additional Comments” box to explain a credible suspicion of SMI or ID/RC or for any other information that will assist in the patient’s appropriate care and placement. For SMI referrals, call or fax the MH evaluator. For ID/RC referrals, fax the Level I to the PASRR Coordinator.*

# Distribution

- The discharging facility will forward the Level I document to the receiving NF as part of the NF admission packet.
- Behavioral Health and Service Integration Administration (BHSIA) and/or Developmental Disabilities Administration) DDA will forward the completed Level II assessment (if required) to the receiving facility.
- The Level I and Level II forms become part of the resident's file. HCS NFCMs may find it useful when discussing discharge goals with the resident.

# Level I Screen FAQs

**Q:** Our current experience is that many residents admit without a Level I being completed. Can the NF staff complete it?

**A:** The NF staff can correct inaccuracies themselves, but the expectation is that all residents will have the Level I (and Level II, if indicated) prior to admit. The NF staff should have a dialogue with their local hospitals to ensure this is part of the admission process. The local Home and Community Services Nursing Facility Case Manager, AAA staff or DDA CRM can complete the Level I form if it is discovered the form was not completed prior to admit and the client has a case manager. This should begin to occur less frequently as all parties involved in PASRR become more educated.

# Level I Screen FAQs

**Q:** Is dementia no longer a categorical determination?

**A:** Dementia is not a categorical determination.

**Q:** Does this mean all my patients with a dementia diagnosis need to have a Level II evaluation?

**A:** No. Only if they have an SMI or ID/RC as described in Section 1 of the Level I form (or an SMI ID/RC is credibly suspected).

# Level I Screen FAQs

Q: The nursing facility can be cited for admitting a resident without the PASRR process being complete. Is there any recourse for the hospital?

A: No, the nursing facility is responsible for ensuring it is complete prior to admission (per Code of Federal Regulations). The facility should make this a required part of the admission process.

# Level I Screen FAQs

Q: Does anyone who is taking an antidepressant or anti-anxiety medication need to the Level II evaluation or only if they meet the functional limitations? What if the individual is taking an antidepressant or anti-anxiety but there is no diagnosis of depression or anxiety disorder?

A: Only if the individual meets all the criteria indicated on the form (Parts A1 and A2), should a referral be made. When in doubt: refer.

Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination					
<b>A. Serious Mental Illness Indicators</b>					
1. Has the individual shown indicators within the last two years of having any of the following mental disorders? If known, include the appropriate code using the most current version of the Diagnostic and Statistical Manual (DSM).					
<u>Schizophrenic Disorders</u>	Yes	No	<u>Psychotic Disorder NOS</u>	Yes	No
DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>
<u>Mood Disorders – Depressive or Bipolar</u>	Yes	No	<u>Anxiety Disorders</u>	Yes	No
DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>
<u>Delusional Disorder</u>	Yes	No	<u>Personality Disorders</u>	Yes	No
DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person have serious functional limitations (described below) related to a serious mental illness within the past six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(Serious functional limitations may be demonstrated by: substantial difficulty interacting appropriately and communicating effectively with other persons, evidenced by, for example, a history of altercations, evictions, or firings, a fear of strangers, or avoidance of interpersonal relationships and social isolation; serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings; serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, demonstrated by agitation, exacerbation of symptoms associated with the illness, withdrawal from the situation; or a need for intervention by the mental health or judicial system.)					
<ul style="list-style-type: none"> <li>• If the person has SMI indicators in A1 <u>and</u> A2, a referral for a PASRR Level II for SMI is required.</li> </ul>					



# Level I Screen FAQs

Q: What if a resident develops depression during a nursing home stay?

A: If the resident meets the definitions in Section 1 on the Level I form indicating a significant change has occurred, the SNF should complete a new Level I and make the needed referral to trigger the PASRR process.

# Level I Screen FAQs

**Q:** Are PASRRs required for admission to an ICF/ID or RHC (like Rainier School, Fircrest, Lakeland Village, or Yakima Valley School) for clients of DDA?

**A:** When a person is entering an ICF/ID, they do not need a PASRR. If the individual is being referred to a NF a PASRR screen/evaluation is required. Rainier School is an ICF/ID. Fircrest, however, has both an ICF/ID and a NF on its campus. Whether or not a PASRR is required prior to entering Fircrest depends on whether the person is being referred to the NF or the ICF/ID. Lakeland Village also has both an ICF/ID and a NF. Yakima Valley School has only a NF.

# Level I and II Screen FAQs

Q: Does a new Level I and/or Level II form need to be completed if a resident is returning to the same SNF upon hospital discharge?

A: No, as long as the previous PASRR Level I (and Level II, if required) are still accurate and applicable.

Q: How about for a SNF to SNF transfer?

A: Same answer; as long as the previous PASRR Level I (and Level II, if required) are still accurate and applicable, a new PASRR Level I or Level II is not needed, unless there has been a significant change in condition.

# Preadmission Screening and Resident Review (PASRR)

## Nursing Facility (NF) Admission Process

What You Need to Know

# NF Admission Requirements

- The NF must receive the PASRR Level I screen and, if required, the Level II assessment prior to admission.
- All PASRR documents must be retained as a part of the client record and incorporated into the plan of care.

# NF Admission Requirements

- Prior to admission, the NF must review the PASRR Level I screen for accuracy and completeness.
- If inaccuracies are found, a new Level I screening must be performed.\*
- If the NF suspects the form is inaccurate, the tools such as MDS assessment, chart notes, etc. can be used to determine if corrections need to be made.

*\*NF may fax incomplete Level I back to referring source for corrections, have the HCS NFCM correct it or the NF may choose to make the necessary corrections themselves.*

# PASRR Level II Assessment

PASRR evaluators:

- Will determine whether NF placement is appropriate for the individual;
- May recommend alternative placement options;
- May recommend specialized rehabilitative services or specialized services.



# PASRR Level II Assessment

PASRR Level II evaluations must be performed by either a DDA PASRR assessor or a MH evaluator who is contracted with the state to perform the Level II evaluation (a professional on staff at a hospital cannot perform the Level II evaluation). DDA and BHSIA pay for the Level II evaluation.

# Significant Change

- If an individual whose Level II assessment confirmed a SMI or ID/RC has a significant change in condition (improvement or decline) that may change the individual's care needs, NF staff (or HCS NFCM) must complete a new Level I screen and submit it to the MH PASRR evaluator or the DDA PASRR Coordinator.
- Additionally, if a resident develops symptoms of a serious mental illness and now meets all the criteria to indicate a Level II must be performed, a new Level I screen must be completed by NF staff (or HCS NFCM) and a referral made to the MH PASRR evaluator.
- Make sure the significant change information is noted on the form.

*(NOTE: annual reviews are not required. Only do a new Level I if there has been a significant change.)*



Level 1 Pre-Admission Screening and Resident Review (PASRR)	
The identification screen applies to all persons being considered for admission to or residing in Medicaid Certified Nursing facilities.	
<input type="checkbox"/>	Nursing facility admission pending
<input checked="" type="checkbox"/>	Current nursing facility resident
Date of admission (if current resident):	<u>01/01/2012</u>
For a significant change, indicate the date of the significant change:	<u>09/16/2014</u>

# Significant Change, cont'd.

- Significant improvements in condition, as well as declines in condition, should be reported to the BHSIA PASRR evaluator or the DDA PASRR Coordinator.\*
- A significant change may trigger a new PASRR Level II.
- *\*Note that there are no rules to determine when a significant change in condition should warrant a referral to the mental health or intellectual disability authority. It is ultimately a judgment call, to be made by the individual's care team. If there is any doubt, however, you should place the call and talk to the PASRR evaluator at the relevant authority about what is happening with the individual. Even if the evaluator ultimately concludes that a resident review is not necessary, the call will give you an important opportunity to talk to the staff about the kinds of changes that might require a referral.*

# Specialized Rehabilitative Services

- The PASRR Level II may recommend specialized rehabilitative services or a professional assessment to determine if there is a need for specialized rehabilitative services.
- If a professional assessment is recommended, the NF must arrange for it to be completed.
- Forward a copy of the assessment report to the PASRR evaluator who recommended it.
- The NF must provide or arrange specialized rehabilitative services for those who need them.

## 42 CFR § 483.45


### Specialized Rehabilitative Services.

- (a) *Provision of services.* If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and intellectual disability, are required in the resident's comprehensive plan of care, the facility must:
  - (1) Provide the required services; or
  - (2) Obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.
- (b) *Qualifications.* Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

# Specialized Services

- For individuals with ID/RC, specialized services may be recommended to attain the highest practicable physical, mental, and psychosocial well-being.
- Specialized services are individualized supports needed because of the person's disability, and are in addition to those services included in the nursing facility daily rate.
- Specialized services may be used to help a person transition from the NF to a community setting.
- These services will be arranged by the DDA PASRR Assessor, in coordination with the NF resident, legal representative, and NF staff.
- The NF will consider specialized service goals when developing the resident's care plan.
- For individuals with SMI, if NF is not the appropriate setting to meet a person's MH needs, specialized placement will be arranged.

# Level II Evaluation FAQs


 DIVISION OF BEHAVIORAL HEALTH AND RECOVERY  
**LEVEL II**  
**Invalidation Statement**  
**Statement and Criteria of Non-Completion**  
*Do not rescreen.*

INSTRUCTIONS: This form is to be used only when an evaluator determines that a resident or nursing facility applicant who has been identified as positive on a Level One Identification Screen (ID Screen), does not require a Level II Psychiatric Initial Evaluation, DSHS 14-238, or Follow-Up Resident Review, DSHS 14-339. If a person meets the criteria for serious mental illness he or she must be provided with an evaluation unless any one of the following invalidating conditions apply to that person.

YES NO  
 Medicaid pending    
 Medicaid

DATE \_\_\_\_\_  
 Pre-admission level  
 Current nursing facility resident

**IDENTIFICATION**  
 1. NAME LAST FIRST MIDDLE 2. SOCIAL SECURITY NUMBER 3. DATE OF BIRTH  
 4. FACILITY NAME  
 5. MAILING ADDRESS  
 6. IF AT PRE-ADMISSION LEVEL, ADMITTING NURSING FACILITY'S NAME

A Level II Initial Psychiatric Evaluation (DSHS 14-338) or Follow-Up Resident Review (DSHS 14-339) is not required because of one of the following reasons:  
**CATEGORIES FOR INVALIDATION**

1. The person has been discharged or transferred out of the nursing facility to:  
 A. Another nursing facility (name): \_\_\_\_\_  
 Location/country: \_\_\_\_\_  
 B. Non-nursing facility (name): \_\_\_\_\_  
 2. The person is deceased. Date: \_\_\_\_\_  
 3. The person has a primary diagnosis of severe medical illness which results in a level of impairment so severe that he/she could not be expected to benefit from specialized mental health treatment, i.e., acute psychiatric services. Give medical diagnosis: \_\_\_\_\_  
 4. The person has a primary diagnosis of dementia as defined in the Diagnostic and Statistical Manual of Mental Disorders IV, because he/she meets all five of the following criteria (a through e) for dementia, as indicated below.

**CRITERIA FOR DEMENTIA**  
 A. The development of multiple cognitive deficits manifested by both 1 and 2 as follows:  
 1) Memory impairment (impaired ability to learn new information or to recall previously learned information)  
 2) One (or more) of the following cognitive disturbances:  
 a. Disorientation (language disturbance)  
 b. Disorientation (impaired ability to carry out motor activities despite intact motor function)  
 c. Anomia (failure to recognize or identify objects despite intact sensory function)  
 d. Disturbances in executive functioning (i.e., planning, organizing, sequencing, abstracting)  
 B. The cognitive deficits in Criteria A.1) and A.2) above each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.  
 C. There is evidence from the history, physical examination, or laboratory finding that the disturbance is etiologically related to the following: Alzheimer Disease, Vascular Disease, other General Medical Conditions, persisting effects of substance abuse, or multiple etiologies.  
 D. The deficits do not occur exclusively during the course of a delirium.  
 E. The disturbance is not better accounted for by another AXIS I disorder (e.g., major depression, schizophrenia).

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INVALIDATION STATEMENT

5. The person does NOT have one of the following diagnoses:  
 Schizophrenia including Schizoaffective and Schizophreniform disorder; Major Depression; Mood Disorder Due to Medical Condition; Depressive Disorder NOS; Bipolar Disorder; Delusional Disorder; Psychotic Disorder Not Otherwise Specified; Panic or other Anxiety Disorder; or Anxiety Disorder Due to Medical Condition; Somatoform Disorder; or Personality Disorder Due to Medical Condition; Personality Disorder (Impulsive, Schizoid); Obsessive Compulsive or Borderline Personality Disorder.

6. The person DOES have one (or more) of the diagnoses from Category 5 above; they are as listed: \_\_\_\_\_

AND the person does not have serious symptoms of mental illness. The person does not exhibit any of the symptoms described below in CRITERIA FOR SEVERITY OF SYMPTOMS. The conditions do not apply; no boxes are checked.

**CRITERIA FOR SEVERITY OF SYMPTOMS**

A. Level of impairment: The degree of mental disorder has resulted in functional limitations in major life activities within the past three to six months that were not appropriate for the person's developmental state. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:  
 1) Interpersonal functioning: The individual has serious difficulty interacting appropriately and communicating effectively with other individuals; has a possible history of a baculovirus, evictions, filings, fear of strangers, avoidance of interpersonal relationships and social isolation.  
 2) Concentration, persistence and pace: The individual has serious difficulty in sustaining focused attention and concentration in order to complete simple tasks. Requires assistance or makes frequent errors in task completion.  
 3) Adaptability to change: Serious difficulty in adapting to change, manifested by agitation, exacerbated by signs and symptoms of illness, withdrawal from the situation, or requiring intervention by mental health or judicial system due to difficulties in adapting to change.  
 B. Recent psychiatric treatment. The person has experienced one of the following:  
 1) Psychiatric hospitalization in the past two years.  
 2) Due to the mental disorder, the person has experienced an episode within the past two years of significant distress to which he/she required supportive services to maintain function, or intervention by mental health or law enforcement officials.

Please note: If any of the conditions in CRITERIA FOR SEVERITY OF SYMPTOMS apply and the boxes can be checked, the person is not eligible for Level II - Invalidation Screen because he/she is positive for diagnosis and severity of symptoms of mental illness. They must receive a Level II Psychiatric Initial Evaluation Screen or Follow-Up Residential Review Screen.

**EVALUATOR CERTIFICATION/INFORMATION**

EVALUATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINT EVALUATOR'S NAME HERE \_\_\_\_\_ EVALUATOR'S TITLE \_\_\_\_\_  
 AGENCY'S NAME \_\_\_\_\_ COUNTY \_\_\_\_\_

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Q: Do we have to hold a patient's discharge until the Level II is complete if one is indicated?

A: A nursing facility is not to admit a client who needs a Level II evaluation until the evaluation is complete. Sometimes this is a consultation that determines a full evaluation is not necessary. This results in an invalidation for SMI or an abbreviated Level II for ID/RC. Only the PASRR evaluator can decide if this criteria is met.

Also, the evaluator can provide PASRR determinations verbally, to be followed by the written report. The Level II paperwork does not need to be submitted prior to admit.



# Level II Evaluation FAQs

**Q:** What is the anticipated turnaround time that we can expect the Level II evaluation to be performed at the hospital after the referral is made? What about the weekend?

**A:** DDA expects to be able to respond within 2 business days. Early referral is key. For SMI, the standard is 24-72 hours. Please fax the Level I as soon as the person is identified as having ID/RC or SMI and NF care is being considered (don't wait until just before discharge from the hospital).

# Level II Evaluation FAQs

**Q:** If a verbal report from the Level II is provided to the hospital, can it also be given to the SNF? Also, if a verbal is provided, how does the SNF know for sure the paperwork will follow when they could be cited if an admission occurs without the process being complete?

**A:** A verbal approval from the PASRR Level II evaluator for admission is acceptable. The PASRR evaluators can use the Additional Comments section of the Level I form to indicate that the Level II has been performed and that Level II paperwork will be forthcoming.

NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)		NAME OF AGENCY	
TITLE		TELEPHONE NUMBER (INCLUDE AREA CODE)	
ADDRESS		CITY	STATE ZIP CODE
SIGNATURE OF PERSON COMPLETING THIS FORM		DATE	
ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC)			

# Level II Evaluation FAQs

**Q:** Who ensures specialized services are incorporated into the resident's care plan?

**A:** . Getting specialized services in place requires coordination between the NF staff, the PASRR assessor, and the service provider. The PASRR assessor provides a copy of the PASRR Level II report to the NF and the NF uses the information in the report to help write the care plan. The PASRR assessor helps the individual choose a provider and authorizes payment for the service. The service provider will work with NF staff to plan for logistics, such as scheduling the service around the person's medical treatments. The desired outcome is that services provided in the NF can be complimentary to those provided as specialized services.